

U. S. No. 2
OM-5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 17 1942

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 271

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 54 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. West of Hannibal R.R. #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Susah Frances Ray

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Judge James Glad Ray 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 19 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Carralton Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Rev. Newton S. Berryman
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Hanger
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kate Ray Rubin
(b) Address R. #2 Hannibal, Mo.

17. (a) Burial (b) Date thereof Nov. 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation My. Albert Cemetery

18. (a) Signature of funeral director Ray P. Schwartz
(b) Address 1070 S. Broadway Hannibal, Mo.

19. (a) 11-5-42 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
year 1942 hour 3 minute 05 P. M.
21. I hereby certify that I attended the deceased from July 23
1943 to Oct 21 1942
that I last saw her alive on Oct 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 mo
Fallus
Due to Chronic Myocarditis 2 yr.

Due to Arteriosclerosis - renal
hypertension

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN [Signature]
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. S. Norton (M. D. or other) _____
Address Hannibal Mo Date signed 11-3-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

64
3
7

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Roy P. Schwartz*.....

Licensed Embalmer No. *1765*.....

P. O. Address *107 Adway, Hamildal, N.J.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fallure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.